

2 Perinatal Care algorithm summary (1/3)

Triggers	A live birth on a facility claim
PAP assignment	For each episode, the Principal Accountable Provider (PAP) is the provider or provider group that performs the delivery.
Exclusions	<p>Episodes meeting one or more of the following criteria will be excluded:</p> <ul style="list-style-type: none"> A. Limited prenatal care (i.e., pregnancy-related claims) provided between start of episode and 60 days prior to delivery B. Delivering provider did not provide any prenatal services C. Episode has no professional claim for delivery D. Pregnancy-related conditions: amniotic fluid embolism, obstetric blood clot embolism, placenta previa, severe preeclampsia, multiple gestation ≥ 3, late effect complications of pregnancy/childbirth, puerperal sepsis, suspected damage to fetus from viral disease in mother E. Comorbidities: cancer, cystic fibrosis, congenital cardiovascular disorders, DVT/pulmonary embolism, other phlebitis and thrombosis, end-stage renal disease, sickle cell, Type I diabetes
Episode time window	Episode begins 40 weeks prior to delivery and ends 60 days after delivery; for the initial performance period, only deliveries on or after Jan 1, 2013 will be eligible for episodes
Claims included	All medical assistance with a pregnancy-related ICD-9 diagnosis code is included. Medical assistance related to neonatal care is not included.
Quality measures	<p><u>Quality measures "to pass":</u></p> <ol style="list-style-type: none"> 1. HIV screening – must meet minimum threshold of 80% of episodes 2. Group B streptococcus screening (GBS) – must meet minimum threshold of 80% of episodes 3. Chlamydia screening – must meet minimum threshold of 80% of episodes <p><u>Quality measures "to track":</u></p> <ol style="list-style-type: none"> 1. Ultrasound screening 2. Screening for Gestational Diabetes 3. Screening for Asymptomatic Bacteriuria 4. Hepatitis B specific antigen screening 5. C-Section Rate
Adjustments	For the purposes of determining a PAP's performance, the total reimbursement attributable to the PAP is adjusted to reflect risk and/or severity factors captured in the claims data for each episode in order to be fair to providers with high-risk patients, to avoid any incentive for adverse selection of patients and to encourage high-quality, efficient care. Episode reimbursement attributable to a PAP for calculating average adjusted episode reimbursement are adjusted based on these selected risk factors. Over time, Medicaid may add or subtract risk factors in line with new research and/or empirical evidence.

2 Perinatal Care algorithm summary (2/3)

Trigger codes	<p>Each episode is anchored around a live birth. The live birth is identified by a claim with either of the following procedure codes and a ICD-9 V-code for live birth</p> <p>CPT procedure codes: 59618, 59620, 59622, 59514, 59515, 59510, 59610, 59612, 59614, 59409, 59410, 59400</p> <p>ICD-9 procedure code: 74, 74.1, 74.2, 74.4, 74.99, 72, 72.1, 72.21, 72.29, 72.31, 72.39, 72.4, 72.51-72.54, 72.6, 72.71, 72.79, 72.8, 72.9, 73.5, 73.59</p> <p>ICD-9 V-code for live birth: v270, v272, v273, v275, v276</p>
Exclusion codes	<p>List of prior diagnoses and meds that would disqualify a patient from the episode</p> <p>ICD-9: 250.01, 250.03, 250.11, 250.13, 250.21, 250.23, 250.31, 250.33, 250.41, 250.43, 250.51, 250.53, 250.61, 250.63, 250.71, 250.73, 250.81, 250.83, 250.91, 250.93, 282.6x, 277.0x, 641.0x, 641.1x, 642.5x, 648.5x, 651.1x, 651.2x, 651.4x-651.9x, 652.6x, 655.3x, 670.2x, 670.3x, 671.3x-671.5x, 673.1x, 673.8x, 674.0x, 677.7x, 585.6, 228.x, 209.7x, 209.0x-209.3x, 209.7x, 140.x-208.x, 230.x-239.x</p> <p>These codes represent the set of business and clinical exclusions described previously</p>
Codes to assign PAP	<p>CPT codes for delivery : 59409, 59410, 59514, 59515, 59612, 59614, 59620, 59622</p> <p>ICD9 procedure codes for delivery: 74, 74.1, 74.2, 74.4, 74.99, 72, 72.1, 72.21, 72.29, 72.31, 72.39, 72.4, 72.51, 72.52, 72.53, 72.54, 72.6, 72.71, 72.79, 72.8, 72.9, 73.5, 73.59</p> <p>CPT codes for global bundle: 59400, 59510, 59610, 59618, 59425-59426</p>
Reporting codes	<p>CPT codes associated with each reporting metric</p> <p>CPT codes for HIV test: 80055, 84181, 84182, 86701, 86702, 86703, 87300, 87390, 87391, 87534, 87535, 87536, 87537, 87538, 87539</p> <p>CPT codes for GBS test: 86403, 87070, 87071, 87075, 87077, 87081, 87147, 87149, 87449, 87653, 87797, 87798, 87800, 87801, 87802</p> <p>CPT codes for Chlamydia test: 87110, 87270, 87320, 87451, 87490, 87491, 87492, 87797, 87798, 87799, 87800, 87801, 87810</p> <p>CPT codes for bacteriuria test: 81002, 87086</p> <p>CPT codes for gestational diabetes test: 82950</p> <p>CPT codes for Hep B test: 80055, 80074, 86704, 86705, 86706, 86707, 87340, 87341, 87350, 87515, 87516, 87517</p> <p>CPT codes for ultrasound: 76801, 76802, 76810, 76811, 76812, 76813, 76814, 76815, 76817, 76805, 76816, 76818, 76819, 76825, 76826, 76827, 76828</p> <p>CPT codes for C-section: 59510, 59514, 59515, 59618, 59620, 59622</p>

Included claim codes

List of ICD-9 and AHFS codes that should be included in episode
ICD-9: 640-648, 650, 652, 655, 656, 659, 661, 670, 677, 6410-6413, 6418-6427, 6429-6432, 6438-6442, 6450-6453, 6460-6489, 6522, 6555, 6557, 6563, 6568, 6595, 6597, 6598, 6612, 64000, 64001, 64003, 64080, 64081, 64083, 64090, 64091, 64093, 64100, 64101, 64103, 64110, 64111, 64113, 64120, 64121, 64123, 64130, 64131, 64133, 64180, 64181, 64183, 64190, 64191, 64193, 64200-64204, 64210-64214, 64220-64224, 64230-64234, 64240-64244, 64250-64254, 64260-64264, 64270-64274, 64290-64294, 64300, 64301, 64303, 64310, 64311, 64313, 64320, 64321, 64323, 64380, 64381, 64383, 64390, 64391, 64393, 64400, 64403, 64410, 64413, 64420, 64421, 64500, 64501, 64503, 64510, 64511, 64513, 64520, 64521, 64523, 64600, 64601, 64603, 64610-64614, 64620-64624, 64630, 64631, 64633, 64640-64644, 64650-64654, 64660-64664, 64670, 64671, 64673, 64680-64684, 64690-64694, 64700-64704, 64710-64714, 64720-64724, 64730-64734, 64740-64744, 64750-64754, 64760-64764, 64780-64784, 64790-64794, 64800-64804, 64810-64814, 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